

**MULTIPLE DEFENDANT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO.

FILED DATE

REPLICANTS

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						
2		1				
3						
4		1				
5	1					
6	6					
7		1				
8		1				
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47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEF.	6					
TOTAL	18					

IND.	DEF.	IND.	DEF.	IND.	DEF.
61					
62					
63					
64					
65					
66					
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99					
100					
TOTAL IND.					
TOTAL DEF.					
TOTAL	132525	155525	122225		